Application For New Service

Cedar Key Water & Sewer District PO Box 309 Cedar Key, FL 32625 352-543-5285

Service Request No: _____

Return to: alicia@ckwater.org

Name of Applicant:		Phone:	
Address:			
Owner of Property:		Phone:	
Address:			
Service Address (or other location de	escription):		
Type of Service Requested:	Water Only	Water and Wastewater	
Proposed Use:			
	Fees:		
Sec	urity Deposit: \$ \OO .OO	- Separate Chack	
	/ater Charge: \$ 3,000		
V	rater charge. \$		
Se	ewer Charge: \$_3,000).	
New M	leter Charge: \$ 300.		
Mete	er Installation: \$ \\ \alpha \cdot \.	C	
Woo	Total: \$6,590	<u></u>	
	Total: \$ W , South	17	
Date Received by District:			
Required For Service:			
Date Received by the City:	Reviewed By:		
Comprehensive Plan Compliance Re	eview: Approved:	Declined:	
installed by the customer under co	ertain circumstances. Star not required for this conn	ckflow Prevention Device (BFD) is required to be ff has reviewed this installation and has determined nection. If a BFD is required, water service cannot be is installation at 352-543-5285 for additional information.	

Approval of Water and Wastewater service does not authorize any building, remodeling, or construction activity to take place. Please contact the City of Cedar Key for building and zoning approval prior to any such activity.